HEALTH INFORMATION TECHNOLOGY COMMISSION

Minutes for March 2014 Meeting

Date: Thursday, March 20, 2014
1:00 pm – 4:00 pm

Location: MDCH
1st Floor Capitol View Building
Conference Room B & C
201 Townsend Street
Lansing, Michigan 48913

Commissioners Present:

Gregory Forzley, M.D., Chair
Thomas Lauzon
Mark Notman, Ph.D.
Patricia Rinvelt
Irita Matthews
Nick Lyon
Larry Wagenknecht, R.Ph.
Orest Sowirka, D.O.
Jim Lee
Michael Chrissos, M.D. (Phone)
Robert Milewski (Phone)
Rodney Davenport, CTO

Commissioners Absent:

Michael Gardner

Staff:

Meghan Vanderstelt
Phillip Kurdunowicz
Kimberly Bachelder

Guests:

Tairus Taylor	KatyAnn Zimbelman	Joe Masson
Rose Matscrowski	Cynthia Green Edwards	J. J. Hunt
Bruce Maki	Dara Barvera	Terrisca Des Jardins
John Donovan	Leslie Asman	C. Srulu
Rick Wilkening	Steve P.	Laurie Prange
Mike Ayers	George B.	Helen Hill
Philip Viges	Erin Bruder	Tim Pletcher
Mary Lovik	Karen Porter	Angela Vanker
Traci Wightman	Kristy Brown	Jeff Livesay
Brian Balow	Umbrin Ateequi	Stacey Hettiger
Michael Taylor	Roann Bonney	Jeff Change
Brian Seggie		

Minutes: The regular monthly meeting of the Michigan Health Information Technology Commission was held on Thursday, March 20, 2014 at the Michigan Department of Community Health with 12 Commissioners present.

A. Welcome and Introductions
1. Chair Dr. Forzley called the meeting to order at 1:03 p.m.
2. The commissioners introduced themselves and identified who they were representing.

B. Review and Approval of 10/17/2013 Meeting Minutes – Commissioners reviewed and approved the minutes from the October 17, 2013 meeting.

C. HIT/HIE Update
1. Mrs. Meghan Vanderstelt provided an update to the commissioners on changes in the Health Information Exchange environment since the last time that the commission met. The PowerPoint presentation used during this update will be available on the website after the meeting.
2. During the update, Mrs. Vanderstelt noted the significant increase in Admit, Discharge, and Transfer messages being sent through the Michigan Health Information Network (MiHIN).
   a. Commissioner Lee inquired about what the major sources for the messages were.
   b. Mrs. Vanderstelt acknowledged the question and indicated that Mr. Tim Pletcher from the MiHIN would be able to share those numbers during his presentation.
3. Mrs. Vanderstelt also explained why the Electronic Health Record (EHR) Incentive Program slide did not show any payments for hospitals in this year: Eligible Hospitals must submit their cost report to be reimbursed through the incentive program, and hospitals have not filed their cost reports for this year.
4. During the update on the projects of the Michigan Center for Effective Information Technology Adoption (M-CEITA), Chair Dr. Forzley asked if Mrs. Vanderstelt could arrange a presentation to the commission on Stage 2 Meaningful Use.
   a. Mrs. Vanderstelt acknowledged the request and state that the Health Information Technology Office would explore options for a presentation on this issue.
   b. Commissioner Wagenknecht asked if the presentation could also include information on Stage 3
5. Mrs. Vanderstelt noted that the Michigan's grant under the Health Information Technology for Economic and Clinical Health (HITECH) Act was being closed-out. MiHIN and M-CEITA will continue to provide HIT-HIE services and would receive some funding through the Department of Community Health's Advanced Planning Document (APD) process. Future plans for the Southeast Beacon Medical Community (Beacon) are unknown at this point.
   a. Commissioner Wagenknecht asked for a further explanation of the APD process. Mrs. Vanderstelt explained that the Centers for Medicare and Medicaid Services (CMS) funds information technology activities for the Medicaid program through the APD process.
   b. Chair Dr. Forzley asked about whether M-CEITA would continue to assist providers with adopting EHRs. Mrs. Vanderstelt indicated that they would continue these activities and receive some support from APD funding.
6. Mrs. Vanderstelt also mentioned the upcoming Connecting Michigan conference being hosted by MiHIN. Commissioner Notman asked if additional information about the speakers and content for the conference is available. Mrs. Vanderstelt noted that some of the details of the conference are still being determined and a list of speakers and content would be available at a later date.

D. HITC 2014 Planning Session
1. 2014 HITC Topics
   a. Chair Dr. Forzley and Mrs. Vanderstelt explained to the commission how feedback from the commission on the survey was incorporated into the 2014 HITC Topics document.

b. Chair Dr. Forzley then opened the floor to the commission for a discussion on the 2014 HITC Topics document.
   i. Commissioner Wagenknecht expressed concern about the focus of consumer engagement on Medicaid consumers as opposed to all consumers. Mrs. Vanderstelt explained that initiatives originating in the Medicaid program may initially focus only on the individuals in Medicaid that they serve, but the technology and lessons learned from these initiatives could potentially be expanded to all consumers.
   ii. Chair Dr. Forzley asked if MDCH had finalized its strategic priorities for 2014. Commissioner Lyon confirmed that the strategic priorities had been finalized. Chair Dr. Forzley if these priorities could be shared with the commission so that the commission could align the 2014 HITC Topics with the department's priorities.
   iii. Chair Dr. Forzley noted that the 2014 HITC Topics document is fluid and can be changed over time as new priorities arise.
   iv. Commissioner Lee asked if the commission could crosswalk the 2014 HITC Topics with the meaningful use criteria to identify options for alignment. He particularly noted the potential link between consumer engagement and the requirement for a set percentage of patients to be able to access their medical records via their provider's EHRs.
   v. Mrs. Vanderstelt noted that Mrs. Shannon Stotenbur-Wing would be presenting on consumer engagement at one of the meetings in the upcoming year.
   vi. Commissioner Wagenknecht asked if the department's 2015 budget priorities could be shared with the commission in order for the commission to identify pressing issues to potentially include in the 2014 HITC Topics document.
   vii. Chair Dr. Forzley asked his fellow commissioners if they were sufficiently satisfied with the document to accept it as currently drafted. The commission did not object to this recommendation and approved the document as currently drafted.

2. 2013 Annual Report
   a. Mrs. Vanderstelt introduced the draft version of the annual report to the Commission and explained how the report is structured.
   b. Commissioner Rinvelt asked when the report should be submitted, and Mrs. Vanderstelt replied that the Commission typically aims to send it to the Legislature by March.
   c. Commissioner Rinvelt inquired if an executive summary could be included in the report. Mrs. Vanderstelt confirmed that an executive summary could be included, and Chair Dr. Forzley supported that recommendation. Mrs. Vanderstelt stated that the HIT Office would have a draft summary ready for review by the HIT Commission by the next meeting.
   d. Commissioner Notman asked about what committees would receive the report. Mrs. Vanderstelt noted that it would be sent to the health policy leads for the House and Senate.
   e. Commissioner Matthews inquired about whether the report will be posted on the website, and Mrs. Vanderstelt confirmed that the report would be posted.

E. HITC Resolution; MiHIN Qualified Data Sharing Organization Criteria – Follow-Up and MiHIN Organizational Update

1. Mr. Tim Pletcher, executive director of MiHIN, provided an update to the HIT Commission on the Qualified Data Sharing Organization Criteria as well as the direction of MiHIN after the completion of the State HIE Cooperative Agreement Grant. The PowerPoint version of the presentation will be made available on the website after the meeting.

2. Mr. Pletcher started his presentation with a review of the history of MiHIN as well as an explanation of the statewide health information exchange infrastructure that has been built over the past few years.

3. Mr. Pletcher made a specific request to the HIT Commission for the creation of a strategic roadmap for the Michigan HIE infrastructure after the expiration of the grant.

4. Mr. Pletcher also highlighted the success of MiHIN over the past few years in creating shared services and standards and connecting providers, payers, and government agencies to a common HIE infrastructure.

5. Commissioner Lee posed a question to Mr. Pletcher about the major sources of ADT messages within the state that flow through MiHIN. Mr. Pletcher provided a summary of the proportion of messages from different sources to the Commission.

6. Mr. Pletcher indicated that he believes that the HIT Commission will continue to play a key role in the governance structure for MiHIN.

7. Mr. Pletcher also noted several key considerations for developing a strategic plan for Michigan's HIE infrastructure in the future:
   a. The development of shared services and standards must be driven by specific use cases and should leverage opportunities for alignment with Meaningful Use.
   b. MiHIN's Health Provider Directory and eHealthExchange node offer significant opportunities for promoting data sharing and interoperability across the Michigan health care system as well as the rest of the nation.

8. Chair Dr. Forzley asked Mr. Pletcher what types of systems and health care organizations still have to be connected with MiHIN.
   a. Mr. Pletcher indicated that Mr. Pletcher would continue to remain flexible in terms of adding new types of providers and organizations as opportunities arose. He also noted that Michiana Health Information Network recently approached MiHIN about MiHIN's QO application and expressed some interest in the connection process.
   b. Commissioner Lee asked Mr. Pletcher if MiHIN would place a limit on the number of QOs able to attach to MiHIN. Mr. Pletcher stated that he did not believe it was MiHIN's job to determine a limit. He also indicated that MiHIN would be focusing on creating the trust blanket for the statewide infrastructure and would not limit innovation as it occurs. Commission Lee voiced support for a limit on the number of QOs allowed to attached to MiHIN.

9. Mr. Pletcher also elaborated on the governance structure for MiHIN and indicated that the HIT Commission, MiHIN Board, and MiHIN Operations Advisory Council would continue to play key roles in the oversight and governance of MiHIN.

10. Mr. Pletcher also presented on MiHIN's process for developing use cases and the relationship between the Qualified Organization Data Sharing Agreement and use case agreements.
    a. Mr. Pletcher noted that MiHIN had created a website for submitting use cases.
    b. Chair Dr. Forzley inquired if there was a feedback mechanism for adjusting use cases. Mr. Pletcher noted that the use case committee would play a role in the development and modification of use case agreements.

11. Mr. Pletcher also provided details on MiHIN's plans for generating revenue and achieving financial stability. He indicated that MiHIN would seek funding from sources such as grants and generate revenue through the providing professional services and collecting transaction fees, licensing fees, and participation fees.

12. Mr. Pletcher indicated that a number of MiHIN's future activities would focus on Medicaid projects such as developing a Federated Identity solution and managing Electronic Clinical Quality Measures (eCQM).
    a. Chair Dr. Forzley indicated that there was some ongoing difficulty in the field with developing common definitions for eCQMs and asked whether there is a forum for developing these definitions.
    b. Mr. Pletcher noted that MiHIN is working with ONC on tools to validate provider submission of eCQMS. Commissioner Lee indicated that the National Quality Forum is also working on definitions and developing a tool set.

13. Mr. Pletcher noted that health plans would be required to pay participation fees in the future while transaction costs for messaging such as Admits, Discharge and Transfers (ADTs) or Medication Therapy Management (MTM) would be separate.
    a. Commissioner Lauzon raised the issue of whether ADTs could be sent to payers when the individual "self-paid" the claim or whether this ADT message would violate privacy laws.
    b. Mr. Pletcher noted that ONC has offered to create an FAQ that clarified the definition of care coordination under the Health Insurance Portability and Accountability Act (HIPAA) and would address this issue.
    c. Commissioner Lee indicated that sending an ADT message for a patient that had paid their own claim to a payer would violate the HIPAA Omnibus rule and this issue was very concerning to hospitals.
    d. Commissioner Milewski stated that all stakeholders should set self-interest aside and work together on ADT messaging.
    e. Commissioner Lee indicated that he would be giving a list of issues related to ADT messaging to Mr. Pletcher.

14. Mr. Pletcher provided details on some of the projects that MiHIN is or would be developing in the near future such as MiWay and the Health Provider Directory.

15. Mr. Pletcher provided a further explanation of his request for the HIT Commission to create a new roadmap for HIT and HIE in Michigan. He noted that the roadmap should include a strategy for moving towards a Learning Health System in Michigan and being able to show a Return on Investment for HIE efforts.
    a. Mr. Pletcher detailed how ADT messaging and the Active Care Relationship Service (ACRS) work and how these services through MiHIN could help drive reform in the health care system.
    b. Commissioner Lee noted that correct patient matching under ACRS was important to hospitals because hospitals could be liable for incorrect patient matching and improperly delivered ADT messages.
    c. Mr. Pletcher concluded his presentation with three specific requests for the HIT Commission for developing the new roadmap:
        i. Begin to collect and prioritize the actionable goals and objectives
        ii. Identify the major Use Cases
        iii. Prioritize the necessary lower level components required

F. **Privacy and Consent Workgroup – Consent Form**

1. Mr. Jeff Livesay of MiHIN and Mr. Jeff Donovan of the Department of Technology, Management, and Budget presented on the multi-stakeholder effort to develop a common consent form for behavioral health information. The PowerPoint version of the presentation will be made available on the website after the meeting.
2. Mr. Livesay noted that he had just provided testimony on the current draft of the consent form and House Bill 5136 to the Senate Health Policy Committee, and the committee voted 8-0 to recommend the bill to the full Senate. HB 5136 would require the Department of Community Health to adopt and finalize a common consent form and further require all providers, organizations, and agencies in Michigan not exempted under the legislation would be required to accept that form.
3. Mr. Livesay asked the HIT Commission to consider recommending the form as well as the related documents on the education and outreach effort to the Department of Community Health for adoption and use under House Bill 5136 if the bill is approved by the legislature.
4. Mr. Livesay provided a brief historical summary of the efforts of different stakeholders to create a common consent form.
   a. Mr. Livesay emphasized that the current draft was a product of discussions between the CIO Forum, Diversion Council, and a multitude of other stakeholders.
   b. Mr. Donovan noted that the workgroup did face issues with reconciling the draft with federal privacy requirements under the Violence Against Women Act (VAWA).
      i. Mr. Donovan explained that requiring VAWA service providers to accept the form under the legislation may put them into conflict with requirements under their federal grants.
      ii. Mr. Donovan noted that the workgroup collaborated with the Michigan Domestic and Sexual Violence Prevention and Treatment Board to develop substitute language for House Bill 5136 that would exempt VAWA service providers from being required to accept the form. The alternative language was accepted by the bill sponsor and approved by the House committee.
5. Mr. Livesay asked HIT Commissioners whether they had any questions about the common consent form or legislation.
   a. Commissioner Lauzon inquired if MiHIN or other organizations had been able to make progress with giving individuals the ability to exclude certain types of information from being shared. Mr. Livesay stated that this option was not yet available and individuals who choose to exclude a certain type of information from release will have their information sent through a manual process instead of an electronic one.
   b. Commissioner Lyon asked why the legislation is necessary for implementing the common consent form. Mr. Pletcher explained that the legislation is necessary for providing reassurance to providers that they can adopt and use the form and still be compliant with state and federal privacy requirements. Mr. Livesay offered that the workgroup could send out an updated version of the legislation after the meeting.
   c. Commissioner Matthews asked what impact the commission's recommendation would have on the adoption of the form by MDCH. Mr. Livesay noted that it would be an advisory recommendation.
   d. Chair Dr. Forzley inquired why the form is focused on primary care physicians. Mr. Jeff Chang noted that the focus was due to the origin of the form: the CIO Forum was originally focused on improving data sharing between primary care and behavioral health providers. Mr. Livesay added that the form could be changed to capture other care relationships.

       e.   Chair Dr. Forzley noted that the data segmentation issue mentioned by Commissioner Lauzon should be included in the education campaign.
       f.   Commissioner Lyon noted that the education and awareness effort to accompany the implementation of the form will require some resources. Mr. Livesay replied the funding question has not been resolved yet. Commission Lyon responded that he would talk with his staff at the department about the funding issue.

   6. Commissioner Rinvelt made a motion to recommend the form to department, and the commission approved the recommendation unanimously.

G. HITC Next Steps

1. Chair Dr. Forzley made a request to the other HIT Commissioners that they provide updated contact information to the HIT Office.
2. Chair Dr. Forzley also proposed that the HIT Commission consider electing a co-chair. Recommendations for co-chair should be sent to Mrs. Vanderstelt. Chair Dr. Forzley noted that he is willing to continue to serve as co-chair.

H. Public Comment

1. Commissioner Rinvelt noted that a few of her students were in attendance today and thanked them for attending the meeting.
2. Commissioner Lyon noted that MDCH was preparing for an April 1st launch of the Healthy Michigan Program and that the associated IT systems and policy are ready. He also thanked the Department of Technology, Management, and Budget; Department of Human Services; Optum; CGI; and other partners.
3. Ms. Mary Lovik thanked Mr. Livesay, Mr. Donovan, and Mrs. Leslie Asman for their work on developing the common consent form and legislation.
4. Ms. Melissa Moorehead noted that MPHI had developed a mobile application, MI Bill Search, that could help individuals find bills that are currently active in the Michigan legislature.
5. Ms. Helen Hill noted that the 2014 voluntary rules for Certified Electronic Health Record Technology were available for review.

I. Adjourn